

EXHIBIT 21



MISSOURI FAMILY SUPPORT DIVISION
PO BOX 2700
JEFFERSON CITY MO 65102-2700

Missouri Department of
SOCIAL SERVICES
Your Potential. Our Support.

ANDREW A DALLAS
[REDACTED]

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| ACTION NOTICE | | Page 01 | DATE 03/02/2023 |
| HEAD OF EU ANDREW A DALLAS | | DCN [REDACTED] | |

The following action(s) was/were taken for eligibility unit number [REDACTED]

This is to advise you that your Supplemental Nutrition Assistance Program application is approved for the month(s) 03/2023 thru 02/2025. The amount of benefits you will receive is as follows:

| BENEFIT MONTH(S) | BENEFIT AMOUNT(S) |
|----------------------|-------------------|
| 03/2023 thru 02/2025 | \$165.00 |

Your regular monthly Supplemental Nutrition Assistance Program payment will be available on day 03 of the month. You may check your EBT balance on line at ebtEDGE.com.

You may not receive the full amount of benefits your household was approved to receive if you or another household member were in a household that received an overpayment of Supplemental Nutrition Assistance Program benefits. The amount deducted may be \$10/10% or \$20/20% of the monthly benefit, or an amount that was arranged by the household whichever is greatest. You may check your EBT balance on line at ebtEDGE.com.

You stated you currently have a useable Missouri EBT card to access your benefits. Use this card to access benefits when they become available. You may check your EBT balance on line at ebtEDGE.com.

Your household must report when your total income, before anything is taken out, becomes more than \$1,473.00.

Able-bodied adults without dependents (ABAWD's) subject to the time limit must report whenever their work and/or training hours fall below 20 hours per week, averaged monthly.

Your household must report Substantial Lottery or Gambling Winnings of \$4,250.00 or more in a single game.

We must complete a review of your Supplemental Nutrition Assistance Program (SNAP) benefits or you must reapply for SNAP benefits by 02/29/2024. Prior to that date you will receive a SNAP Mid Certification Review Report Form or an Application For SNAP Benefits in the mail. You will need to complete the review or application if you wish to continue to receive SNAP benefits beyond that date.

FA-150 (08-03)



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| ACTION NOTICE | Page 02 DATE 03/02/2023 |
| HEAD OF EU ANDREW A DALLAS | DCN [REDACTED] |
| <p>NOTICE OF EXPIRATION OF SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS:</p> <p>You will receive a notice in the mail the month before your benefits end. The notice will tell you when you must reapply for SNAP benefits.</p> <p>Aviso de vencimiento de los beneficios del Programa de Asistencia Nutricional Suplementaria (SNAP):</p> <p>El mes anterior a la fecha de vencimiento de sus beneficios, recibirá un aviso por correo en el que se indicará la fecha en que debe volver a solicitar los beneficios del SNAP.</p> <p>If you:</p> <ul style="list-style-type: none"> * think this decision is wrong, * think the amount you get in Supplemental Nutrition Assistance Program benefits is wrong, * think that the amount you get in Temporary Assistance is wrong, * think that your Child Care sliding fee or number of units is wrong, * have any questions, or * want to ask for a fair hearing, <p>call the FSD Info Center (855-373-4636), go to any Family Support Division location, or mail a request to the address on the front of this letter. You have 90 days to ask for a hearing.</p> <p>If you ask for a hearing, we will schedule it and notify you of the date, time, and location. At the hearing, you can present your case by yourself, or you can have someone represent you, including a lawyer. You can have witnesses at the hearing, and you can ask questions of witnesses that the Family Support Division brings to the hearing.</p> <p>You may be able to get free help from a lawyer by contacting: LEGAL SERVICES OF EASTERN MO 4232 FOREST PARK AVE ST LOUIS MO 63108 800-444-0514</p> <p>If you agree with this decision, you do not have to ask for a hearing.</p> <p>You may be asked by our quality control unit for additional information after</p> | |

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**ACTION NOTICE**

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HEAD OF EU
ANDREW A DALLAS

DCN

your interview is complete. Applicants are randomly selected and their applications are reviewed to ensure that we are processing applications consistently. You are required to cooperate with the quality control review if you are selected.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800)877-8339. Additionally, program information may be made available in languages other than English.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027), found online at:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, and at any USDA office or write a letter addressed to USDA and provide in the letter all the information requested in the form. To request a copy of the complaint form, call (866)632-9992. Submit your completed form or letter to USDA by: (1) mail: Food and Nutrition Service, USDA, 1320 Braddock Place, Room 334, Alexandria, VA 22314; (2) fax: (833)256-1665 or (202)690-7442; (3) phone: (833)620-1071; or (4) email: FNCSIVILRIGHTSCOMPLAINTS@usda.gov

For any other information regarding SNAP issues, persons should either contact

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| <p>the USDA SNAP hotline number at (800)221-5689, which is also in Spanish, or call the state information/hotline number, which can be found at www.fns.usda.gov/snap/state-directory.</p> <p>CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS</p> <p>HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.</p> <p>To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form online through OCR's Complaint Portal at https://ocrportal.hhs.gov/ocr/. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202)619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRMail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.</p> <p>This institution is an equal opportunity provider.</p> <p>SkillUP provides employment and training opportunities for all SNAP participants. SkillUP can help you find a job or a better job, pay for short-term training, and help with costs to get to work or training. Find a provider near you at: mydss.mo.gov/SkillUP.</p> <p>The actions discussed in this letter may affect your benefits or your right to participate in a Family Support Division Program. If you need this letter explained by someone who speaks your language, please call the FSD INFO Center at 855-373-4636 to request an interpreter.</p> | | | |

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| <p>Las acciones discutidas en esta carta pueden afectar sus beneficios o su derecho a participar en un programa de la División de Apoyo a la Familia. Si necesita esta carta explicada en español, por favor llame al Centro de Información de FSD al 855-373-4636 para solicitar un Intérprete.</p> <p>Uslovi, razmatrani u ovom pismu, se mogu odraziti na Vase beneficije ili Vasa prava da ucestvujete u "Family Support Division Program" (Odjeljenje za podrsku porodici). Ako trebate objasnjenje ovog pisma na bosanskom jeziku, molim Vas da pozovete FSD INFO Center na broj 855-373-4636 i da zahtjevate prevodioca.</p> <p>If you have any questions or require further information please contact the FSD Information Center toll free at 855-373-4636.</p> <p>For your convenience, you can now access your account and report changes online at www.dss.mo.gov using our FSD Program Enrollment System.</p> <p>AUXILIARY AIDS AND SERVICES ARE AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES</p> <p>TDD/TTY: 800-735-2966 RELAY MISSOURI: 711</p> <p>Missouri Department of Social Services is an Equal Opportunity Employer/Program</p> | | | |

FA 150 (06-01)

